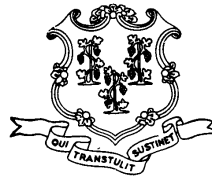


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 LICENSE SERVICES DIVISION  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [DCP.OccupationalProfessional@ct.gov](mailto:DCP.OccupationalProfessional@ct.gov)  
 Website : [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only
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**Licensee Responsible for Signing/Sealing for a Professional Firm Form**

<b>Instructions</b>
<ol style="list-style-type: none"> <li>All sections on this form must be completed by the individual to be responsible for signing and sealing and a responsible officer of the professional firm. <b><u>There is no fee required for this filing.</u></b></li> <li>This completed form <u>must</u> be received and processed by this department <u>before</u> a licensed professional may sign and seal documents on behalf of the registered firm.</li> <li>Email the completed and signed form to the above email address or upload when prompted in your online application or revision submission.</li> </ol>

<b>PROFESSIONAL LICENSEE INFORMATION</b>				
First Name		Middle Initial	Last Name	
Street Address		City	State	Zip Code
Email Address to be used for correspondence			Telephone Number	
<b>License Type</b>				<b>CT License #:</b>
Architect	Landscape Architect	Land Surveyor	Professional Engineer	

***I request that I be authorized to sign and seal documents on behalf of the firm listed below.***

Signature of Licensee to Be Responsible for Signing and Sealing	Date
---	------

<b>PROFESSIONAL FIRM INFORMATION</b>				
Legal Name of Professional Firm		<b>Professional Firm Registration Type</b>		
		ARC	LARC	LSC
Doing Business As (D/B/A) Name of Professional Firm (If Applicable)		<b>CT Registration #:</b>		
		<b>Check Here if Initial Applicant:</b>		
Street Address		City	State	Zip Code
Email Address to be used for correspondence		Telephone Number		

***I certify that the licensed professional identified is in the employ of and will be signing and sealing documents on behalf of the professional firm in whose name registration, renewal of registration, or revision to registration is sought.***

Signature of Responsible Officer of the Professional Firm	Date
Print Name of Responsible Officer of the Professional Firm	Responsible Officer's Title